

TC 95-41
Rev. 4/04

CARDS EXPIRE DECEMBER 31st OF EACH YEAR.

MUNICIPAL SOLID WASTE TRANSPORTOR LICENSE # _____

DOT NUMBER: _____ KYU NUMBER: _____

COMPANY NAME: _____

COMPANY ADDRESS: _____
(MAILING ADDRESS)

CITY	STATE	ZIP
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SUBSCRIBED AND SWORN TO BEFORE ME ON THIS THE _____ DAY OF _____, 20____

CONTACT PERSON: _____

NOTARY PUBLIC: _____ COMMISSION EXPIRES: _____

TELEPHONE: () _____

MAKE FEES PAYABLE TO 'KENTUCKY STATE TREASURER'

***TYPE OF TRUCK:**

****FEES ARE PRORATED:**

MAKE COPIES OF THIS FORM FOR FUTURE ADDITIONS TO YOUR SOLID WASTE TRANSPORTOR LICENCE

For overnight delivery, please send to: 200 Mero Street, Frankfort, KY 40622